

**PART B - FEE(S) TRANSMITTAL**

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P.O. Box 1450  
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7590 06/30/2005

**GERALD F. SWISS  
FOLEY & LARDNER LLP  
THREE PALO ALTO SQUARE  
3000 EL CAMINO REAL, SUITE 100  
PALO ALTO, CA 94306-2121**

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

**Esther Lily C. Esguerra** (Depositor's name)

*[Signature]*

**September 26, 2005** (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/748,089	12/29/2003	Andrei W. Konradi	42837-20010.21	6848

TITLE OF INVENTION: HETEROARYL, HETEROCYCLIC AND ARYL COMPOUNDS WHICH INHIBIT LEUKOCYTE ADHESION MEDIATED BY VLA-4

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	09/30/2005
				<b>09/29/2005 DEMMANU2 00000011 10748089</b>	
EXAMINER	ART UNIT	CLASS-SUBCLASS			
RAO, DEEPAK R	1624	514-252180	01 FC:1501 02 FC:1504 03 FC:8001	1400.00 OP 300.00 OP	30.00 OP
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, if applicable.	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,			<b>FOLEY &amp; LARDNER LLP</b>
<input checked="" type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.		(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			1 _____
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.					2 _____
					3 _____

**3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)**

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

ELAN PHARMACEUTICALS, INC.

South San Francisco, CA

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

**4a. The following fee(s) are enclosed:**

- Issue Fee  
 Publication Fee (No small entity discount permitted)  
 Advance Order - # of Copies 10

**4b. Payment of Fee(s):**

- A check in the amount of the fee(s) is enclosed.  
 Payment by credit card. Form PTO-2038 is attached.  
 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0872 (enclose an extra copy of this form).

**5. Change in Entity Status (from status indicated above)**

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

*[Signature]*

Date September 26, 2005

Typed or printed name

Stephen Todd

Registration No. 47,139

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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Atty. Dkt. No. 342837-1553  
Application Serial No. 10/748,089

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Andrei W. KONRADI, et al.

Title: HETEROARYL,  
HETEROCYCLIC AND ARYL  
COMPOUNDS WHICH INHIBIT  
LEUKOCYTE ADHESION  
MEDIATED BY VLA-4

Appl. No.: 10/748,089

Filing Date: 12/29/2003

Examiner: Rao, Deepak R.

Art Unit: 1624

<b>CERTIFICATE OF MAILING</b>	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to: Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date below.	
Esther Lily C. Esguerra (Printed Name)	
	
(Signature)	
September 26, 2005 (Date of Deposit)	

**ISSUE FEE TRANSMITTAL**

Mail Stop Issue Fee  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Enclosed herewith please find Issue Fee Transmittal Form PTOL-85(B) along with a check in the amount of \$1,730.00 for payment of the Issue Fee, the Publication Fee and ten additional copies of the issued utility patent.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.18, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

Respectfully submitted,

By 

Date: September 26, 2005

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Stephen Todd  
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